

EXPRESS MAIL NO. EM047423727US

Attorney Docket No.: B6603-0003

Declaration and Power of Attorney for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

In-Line Holographic Mask for Micromachining
the specification of which (check one)

- ☒ is attached hereto.
- ☐ was filed on _____ as United States Non-Provisional Application " _____ " or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Number	Country	Day/Month/Year	Priority Claimed Yes/No
_____	_____	_____	_____
_____	_____	_____	_____

I hereby claim benefit under Title 35, United States Code, §119(e) of any United States provisional applications listed below:

Provisional Application Number**Filing Date**

60 / 030962
_____/_____

11/15/96

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. Applications:**Serial No.****Filing Date****Status (patented, pending,
abandoned)**

_____	_____	_____
_____	_____	_____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the

application or any patent issued thereon.

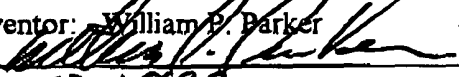
As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Lawrence H. Meier, Reg. No. 31,446.

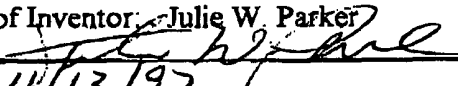
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Citizenship: United States
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NOT ACCOMPANYING
APPLICATION**

Application Number	08/972,464
Filing Date	11/14/97
First Named Inventor	Parker
Group Art Unit	2872
Examiner Name	Schuberger
Attorney Docket Number	1459

I hereby appoint:

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	William Parker
Signature	
Date	6/15/01

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Application Number	
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Examiner Name	
Attorney Docket Number	

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
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Address			
City	S. Burlington	State	VT
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Telephone	802 864-1575	Fax	802 864-9319

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☐ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 9.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	JULIE PARKER
Signature	[Signature]
Date	8/2/01

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